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**Post-arrival Monitoring of Travelers Returning to Massachusetts from
Countries with Ebola Virus Transmission
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Background

The Centers for Disease Control and Prevention (CDC) Division of Global Migration and Quarantine is screening all passengers returning to the United States from countries with ongoing Ebola transmission, at the five airports at which they are required to arrive. For each passenger, upon arrival, a questionnaire is administered by Quarantine Officers which asks the traveler's permanent and temporary addresses, date of birth, contact phone numbers, email address, emergency contact information, recorded temperature upon arrival, final destination and answers to screening questions. Travelers at the airport of entry are also being provided with a welcome packet which includes print information about the disease, a thermometer and contact information for health departments at their destination.

The Quarantine Officer then forwards this information to the appropriate state health department through EpiX, a secure communication mechanism to inform state health departments of possible air travel exposures to other infectious diseases such as measles, meningococcal disease and Tuberculosis. Designated individuals from the Massachusetts Department of Public Health (MDPH) Bureau of Infectious Disease (BID) receive these EpiX reports.

CDC is recommending that all returning travelers undergo monitoring based on their risk level. Travelers in the "low risk" category will undergo **active monitoring** while travelers in the "some risk" or "high risk" categories will undergo **direct active monitoring**.

Active monitoring involves daily communication between the traveler and a public health department regarding twice-daily temperature readings and a general health assessment, which does not require in-person contact with the traveler. **Direct active monitoring** includes twice-daily temperature checks and a general health assessment conducted through a visual check of the traveler.

Active Monitoring Plan

1. Notifications regarding returning travelers are accessed by designated MDPH staff through EpiX. Information regarding each traveler is added to an Excel spreadsheet.
2. Each traveler is assigned to a specific MDPH epidemiologist to oversee active monitoring activities.
3. The local public health jurisdiction (LBOH) of the traveler is contacted first. They are given all available information regarding the traveler. Each LBOH has the option of overseeing the daily monitoring, but the MDPH epidemiologist assigned to the traveler can also oversee the monitoring, if requested by the LBOH. Information regarding travelers with a Boston address is immediately sent to the Boston Public Health Commission (BPHC) for management by BPHC.
4. The traveler information is entered into MAVEN (Massachusetts Virtual Epidemiologic Network) as a Viral Hemorrhagic Fever (VHF) contact. The MAVEN ID number is shared with the appropriate LBOH.
5. MDPH epidemiologists or LBOH staff will establish contact with their assigned traveler. They will set up a daily reporting mechanism that is convenient for the traveler. Options could include a voice mail message, an email message, a phone call or a text message. The traveler could also request a daily phone call from MDPH staff or the LBOH.
6. It is expected that contact with the traveler will occur once per day.
7. During an initial phone call, the monitoring program will be described to the traveler, including their assigned risk level and what is being requested of them. The traveler will be asked about their plans for travel during the monitoring period and how that will affect the process. The traveler will be given the opportunity to ask questions about their movement restrictions, if any.
8. Daily monitoring will be required for 21 days from the traveler's last time in the country or countries of concern.
9. Travelers will be given the 24/7 MDPH Epidemiologist Line (617-983-6800) to call if they develop symptoms between contact times.
10. For travelers who do not report their temperature for any given day, the LBOH and/or MDPH will take action to locate and directly contact the individual in question.

Travelers under Active Monitoring who travel out of, or into, the local jurisdiction

While travelers in the "low risk" category are free to travel without restrictions, the need to continue daily active monitoring remains. If MDPH or the LBOH learns of intended travel the following process will be followed:

1. The health department of the traveler's intended destination will be contacted (via EpiX or by phone) regarding the dates and times the traveler will be in their jurisdiction.
2. If the traveler plans to return to Massachusetts before the 21- day monitoring period is over, MDPH will propose that MDPH will simply continue the monitoring activities for the traveler for the duration of the 21-day period, with the cooperation of the destination health jurisdiction.
3. If the traveler plans to be out of Massachusetts after the 21- day period is ended, MDPH will relinquish monitoring responsibility to the destination jurisdiction.

4. If MDPH learns of a traveler coming into Massachusetts while under active monitoring, MDPH will either offer to continue monitoring activities while the traveler is in Massachusetts or agree to allow the sending jurisdiction to continue their monitoring activities. In the latter scenario, MDPH will request to be notified immediately of any abnormal temperature readings or health assessment findings.
5. If the incoming traveler plans to be in Massachusetts past the date of the expected end of their monitoring period, MDPH will offer to take over the monitoring activities.

Direct Active Monitoring

Upon learning of the return of a traveler who would be considered at “high” or “some” risk of developing Ebola based on their exposure – and thus require Direct Active Monitoring – MDPH will notify the LBOH where that traveler resides and the LBOH where that traveler works (if applicable). As described above, BPHC will be contacted immediately regarding Boston residents who need direct active monitoring. BPHC will also be notified of such individuals who work in Boston.

A plan for Direct Active Monitoring should be developed by MDPH with input from the LBOH, the traveler, or others who may assist in the process. This plan will be based on the resources of the involved health departments and/or the work environment of the returning traveler. The traveler will need to take and report their temperature to either the LBOH or to MDPH, twice per day. One of these must involve a visual check-in. Visual check-ins could happen electronically via FaceTime or Skype, or could occur at the person’s home or at another mutually agreed upon location where a 3-foot distance between the traveler and the monitor can be maintained. Direct active monitoring may be delegated to the individual’s occupational health care provider or sponsoring agency. All information will be tracked in MAVEN.

Conducting Visits

The following protocol will apply to individuals who are considered at “high” or “some” risk who require in-person monitoring, and who reside outside of Boston.

1. One of the physicians from the MDPH BID will make initial contact with returning travelers who are considered to be at “some” or “high” risk of contracting Ebola virus disease. The majority of these travelers will be healthcare workers (HCW). This contact will be done by phone or email in advance of the traveler’s arrival or by phone, email or in person within 24 hours of their arrival in Massachusetts. The MDPH BID physician will discuss the traveler’s health and devise a plan for movement restrictions based on the traveler’s last exposure to an Ebola patient and the nature of the exposure. Movement restrictions will be determined on a case by case basis. The MDPH BID physician will also discuss the monitoring that will be required based on the risk level of the traveler.
2. The LBOH where the traveler resides will be contacted and their involvement in the monitoring plan will be discussed. Optimally the LBOH will take an active part in the monitoring plan. The monitoring plan will then be described and agreed upon by the traveler and those individuals from either MDPH or the LBOH or both who will be involved in the monitoring plan.

3. Either MDPH or the LBOH will conduct the initial assessment. This will most likely involve a home visit of the traveler and should occur on the first or second day of their arrival in Massachusetts. During this visit they will be asked about their current general health and will be asked to take their temperature.

Assessment Questions (If the traveler responds in the affirmative “Yes” to any of the questions below, ask them to describe in more detail their symptoms) and document.

- Are you feeling unwell?
 - Do you have muscle pain?
 - Do you have a headache?
 - Do you have a sore throat?
 - Have you been vomiting?
 - Do you have diarrhea?
 - Do you have a rash?
 - Do you have any unexplained bleeding?
4. Personal protective equipment is not necessary or required for home visits while the traveler remains asymptomatic.
 5. At this visit, a plan will be devised regarding the logistics of twice daily temperature and health assessment checks, one of which must be visually confirmed. The temperature and symptom follow up form can be used for this purpose (**see Attachment A**). The visual check can occur via an in person visit or via FaceTime or Skype. Optimally, the visual check should include the traveler actually taking their temperature. Reporting the second daily check may be via phone, email, or text message.
 6. All travelers should have a digital thermometer in their port of entry welcome package. If they do not have one, provide one to them.
 7. All travelers should be advised that thermometers should be used only for taking their own temperature and that if there are multiple travelers in the house, each thermometer should be labeled (i.e. thermometers should not be shared).
 8. Temperatures should be taken once in the morning and once in the evening and taken as close to the same time each day as possible.
 9. Make a note if the traveler is taking any fever reducing medication. Temperature readings should be taken before the traveler’s next scheduled dose of any such medication.
 10. At the initial visit, go over the details of their movement restriction plan that was developed and agreed upon with one of the MDPH physicians during the initial contact.
 11. As long as the traveler remains asymptomatic, subsequent visits can occur anywhere the traveler is permitted to go and where a 3-foot distance between the traveler and the monitor can be maintained. This can occur inside the home but can also occur through an open window or screen at the person’s residence. If the person is allowed to work in an office setting, visits can occur there. Other sites can be used for in-person visits but should be chosen keeping in mind the traveler’s movement restrictions. As mentioned above, these visual checks can also be made using FaceTime or Skype.
 - 12. If the traveler has a fever or reports symptom(s) consistent with Ebola virus disease or signs of illness are observed during a check-in, you should immediately distance yourself from the individual and call MDPH at 617-983-6800.**

13. The traveler should also be told that if they become febrile or develop symptoms in between check-ins, they should call their LBOH or MDPH contact immediately. Decisions regarding further actions will be made at that time.
14. All temperature readings and symptom checks should be recorded in MAVEN. In addition, an email confirming that the traveler remains afebrile and asymptomatic and that a visual check occurred should be sent each day to MDPH (patricia.kludt@state.ma.us) for inclusion in a CDC-required daily monitoring report.

Movement

There are no movement restrictions for “low risk” travelers. These travelers are asked to check in once per day with twice-daily temperature checks and to communicate any travel plans outside the state or country during their monitoring period.

For travelers in the higher risk categories, movement restrictions will be decided on a case-by-case basis, but will be prohibited from direct patient care activities and instructed to limit their contact with groups of people.

Privacy and Confidentiality

It should be kept in mind that while the traveler is not a patient or someone with a reportable disease, he or she should receive the same attention to privacy and confidentiality as is provided to patients or individuals with reportable diseases. The monitoring plan depends on the traveler’s cooperation and monitors must be sensitive to the fact that public concern can result in untoward consequences for the individual should their confidentiality be compromised.

LBOH Attachment A
21 - day Temperature + Symptom follow-up form
for contacts of confirmed Ebola cases or travelers under direct active monitoring

Name: _____ Age (yrs): _____ Sex: M F

Street Address: _____ City, State: _____

Telephone Number: _____

Case ID Number (from contact listing form): _____ Contact number (from contact listing form): _____

Where did contact with the case occur: _____ Date of last contact with the case (mm/dd/yyyy): _____

[illegible]

Notes: (include date, # day of follow-up for the traveler, concerns, and actions taken)

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